

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <b>Andrew</b> NICKNAME <b>Burks, Jr.</b> LAST MI <b>C.</b> SUFFIX	OFFICE USE ONLY Date Received <b>RECEIVED</b> <b>08/31/2003</b> CITY SECRETARY Date Hand Delivered Date Postmarked Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5606 Beldart</b> <b>Houston, TX 77033</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 733-0105</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>Adam</b> NICKNAME <b>Rosen</b> LAST MI SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6500 Long Drive, Houston, TX 77057</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 807-7272</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>10 / 5 / 03</b> <b>10 / 27 / 03</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 4 / 03</b> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>City Council At-Large Position 1</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Andrew C. Burks, Jr.*

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

*215<sup>00</sup>*

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*3,065<sup>00</sup>*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

*581.86*

4. TOTAL POLITICAL EXPENDITURES

\$

*5,826.34*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

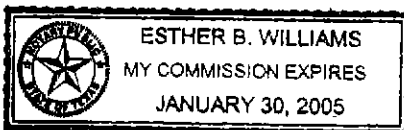
*15,901.75*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Andrew C. Burks, Jr.*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew C. Burks Jr., this the 27th day of October, 20 03, to certify which, witness my hand and seal of office.

*Esther B. Williams*

Signature of officer administering oath

ESTHER B. WILLIAMS, NOTARY PUBLIC

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

1 of 3

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Diane Barthelme

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

Realtor

10 Employer (See Instructions)

Self employee

Date

10/13/03

Full name of contributor

☐ out-of-state PAC (ID#)

Don Carroll

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$60.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Housing Dept

Employer (See Instructions)

City of Texas City

Date

10/13/03

Full name of contributor

☐ out-of-state PAC (ID#)

Sherif Mohammed

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Self employee

Date

10/6/03

Full name of contributor

☐ out-of-state PAC (ID#)

James Dougherty

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Food for Freedom

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/16/03

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 of 3

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Al Edwards

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

State Rep.

10 Employer (See Instructions)

State of Texas

Date

10/15/03

Full name of contributor

☐ out-of-state PAC (ID#)

ALAN ROSEN

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Self Employed

Date

10/14/03

Full name of contributor

☐ out-of-state PAC (ID#)

Larry Hunt

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$555.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Hunt Engineer

Employer (See Instructions)

Hunt &amp; Hunt

Date

10/21/03

Full name of contributor

☐ out-of-state PAC (ID#)

Ruben Davis

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

Ida Oliver

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Retired

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

3 of 3

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mildred Mitchell

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Retired

Date

10/25/03

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Melowcon

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Play writer

Employer (See Instructions)

Self employed

Date

10/28/03

Full name of contributor

☐ out-of-state PAC (ID#)

Jennie Lee Cameron

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/25/03

5 Payee name

Early Voting Poll Worker

6 Payee address; City; State; Zip Code

7

Amount  
(\$)

\$ 3,900.00

8 Purpose of payment (See instructions regarding type of information required.)

Pay  
Poll worker

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10/15/03

Payee name

Houston Hispanic Chamber of Commerce

Payee address; City; State; Zip Code

Amount  
(\$)

\$ 50.00

Purpose of payment (See instructions regarding type of information required.)

Table at breakfast

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10/15/03

Payee name

Radio Sign

Payee address; City; State; Zip Code

Amount  
(\$)

\$ 350.00

Purpose of payment (See instructions regarding type of information required.)

Talk Show

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/8/03

5 Payee name

Fast Signs

6 Payee address; City; State; Zip Code

5020 Kirby 77098

7 Amount (\$)

\$21.65

8 Purpose of payment (See instructions regarding type of information required.)

Replace Number on Banner

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10/18/03

Payee name

Sprint Digital Print

Payee address; City; State; Zip Code

10100 Clay Road Suite G 77060

Amount (\$)

\$296.58

Purpose of payment (See instructions regarding type of information required.)

Yard Signs

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10/15/03

Payee name

African American News + Issue

Payee address; City; State; Zip Code

Amount (\$)

\$400.00

Purpose of payment (See instructions regarding type of information required.)

Advertising

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

10/15/03

Payee name

Sprint PCS

Payee address; City; State; Zip Code

Amount (\$)

\$125.83

Purpose of payment (See instructions regarding type of information required.)

Cell phone

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 3

2 FILER NAME

Andrew C. Burks, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/03

5 Payee name

US Postmaster

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$85.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage for Fundraising

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/22/03

Payee name

HCCO

Payee address; City; State; Zip Code

Amount (\$)

\$350.00

Purpose of payment (See instructions regarding type of information required.)

Endorsement Help

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/22/03

Payee name

Office Depot

Payee address; City; State; Zip Code

Amount (\$)

\$94.79

Purpose of payment (See instructions regarding type of information required.)

Copies for Walker

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/17/03

Payee name

Office Depot

Payee address; City; State; Zip Code

Amount (\$)

\$152.50

Purpose of payment (See instructions regarding type of information required.)

Door Hangers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



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1050 PERSHORE ST  
BOSTON, MASS 02114  
TEL: 617-552-3300  
FAX: 617-552-3301  
WWW.BOSTONPUBLICLIBRARY.ORG

City of Houston

City Secretary Office  
900 Bagby St  
Houston, TX 77082